



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Orchid Care Services Ltd**

**Home Care Service**

**2<sup>nd</sup> Floor  
The Powerhouse  
Queens Road  
St Helier  
JE2 3AP**

**17 November 2021**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

## ABOUT THE SERVICE

This is a report of the inspection of Orchid Care Services Limited. The service has an office located at The Powerhouse retail facility and became registered with the Commission on 1 August 2019.

Registered Provider	Orchid Care Services Limited
Registered Manager	Vacant
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/personal support care hours to be provided 2250 (Medium Plus) Age range 18 + Category of Care provided Adult 60+ Dementia Care Physical Disability and/or Sensory Impairment
Dates of Inspection	17 November 2021
Times of Inspection	1.30 pm – 5 pm
Type of Inspection	Announced

Number of areas for improvement	One
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The Home Care Service is currently being operated with no registered manager in post but with provider input from the Managing Director (MD) to oversee the service supported by a deputy manager and office manager. At the time of inspection, the service was supporting 36 care receivers in their own homes and with a primary focus for adult 60 + category. Also, a small number of care receivers living with dementia were being supported.

Care packages vary depending upon the needs of care receivers and include 2:1 support for some. There is delivery of a range of interventions to promote and enable optimum levels of independence to be achieved by care receivers. Interventions range from assistance in meeting personal care needs to welfare checks undertaken at different times of the day.

## SUMMARY OF INSPECTION FINDINGS

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

The Regulation Officer focussed on the following areas during the inspection:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Management of services**
- **The service will be reviewed regularly**

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<sup>1</sup> Home Care Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.je/standards/>

Overall, the findings from this inspection were positive, there was evidence of care receivers being provided with a service that is safe and which takes their wishes and preferences into account.

The Statement of Purpose includes the aims and objectives of the service and remained unchanged since the last inspection. The provider is well established and has continued to invest in infrastructure that promotes a good level of governance and auditable practice for all care that is provided.

The evidence gathered throughout the inspection, established that good and efficient systems were in place and for which ongoing refinements or additions to how the service operates are made as the service evolves to meet best practice. This was established through discussion, a review of recording systems, governance arrangements and supporting testimonies from care receivers, relatives, staff, and independent healthcare professionals engaged with the service.

The service's arrangements for recruiting staff were satisfactory, with clearly defined systems and Information Technology (IT) in place for the recording of such information in a timely and easily referenced format. Records which were reviewed evidenced the appropriate supply and deployment of staff throughout the service and for which managerial tasks are delegated to key personnel.

A review of the challenges that have been encountered during the pandemic and since the last inspection, established that good management and oversight of the service and care receivers' needs had been promoted during that time. The proactive engagement by the provider with the Commission, throughout that period was noted.

The provider has recently introduced some software systems into their operational practices for electronic care planning records (Birdie), which generates a robust and efficient audit trail. Despite this, there was no monthly report on file. This is an area for improvement.

It was discussed in some detail with the MD as to the current situation of there being a vacancy for the registered manager position. This has arisen due to unforeseen

circumstances and the provider has notified the Commission of the interim arrangements which are in place, which are adequate and acceptable for the short term.

## **INSPECTION PROCESS**

Prior to the commencement of the inspection, a review of any relevant information on file was undertaken to ascertain if any specific areas of practice were in need of review. It was noted specifically that a notification was received in relation to the vacancy for the registered manager position. This was therefore a focus of enquiry during the inspection.

However, it was also possible to gather some information from the experienced Deputy Manager who was acting up to the manager role supported by the Office Manager; both overseeing the day-to-day operations. Much of the overall inspection and the examination of the relevant documentation, software utilised for care planning and duty rosters, was undertaken with the MD in the main office.

A review of key documentation took place which included the care records, training records and development plans, alongside a review of operational systems such as the relatively new Birdie IT system. It was noted that work was being carried out for transferring all data from the previous system, which is no longer considered suitable for the needs of the service. However, due to this transition some reference was also made to the older system from where information was yet to be transferred.

Following the office visit, telephone contact was initiated with four care receivers, two relatives, four members of care staff and one healthcare professional. This occurred over the following week to gather supporting information and feedback about the service, and to further inform the Regulation Officer's findings. This also provided opportunity to obtain confirmation of the information provided by the MD in their summary of how support is provided to care receivers and the staff team.

Recruitment and selection of new staff was discussed with reference to current challenges experienced in appointing a new manager and in respect of care workers. Systems for gathering information and determining suitability of applicants were also subject to some review and discussion during the inspection. The Regulation Officer examined four care workers' Human Resources (HR) files and had sight of references obtained prior to employment plus Disclosure and Barring Service (DBS) criminal record checks retained on file.

A review of how the service operates on a day-to-day basis and the use of staff resources to monitor all care packages was undertaken in consultation with the MD. Some examples of how a new IT software system works to safeguard care receivers and with effective audit and monitoring of care provided was demonstrated by use of this software equipment.

Confirmation of how effective the IT system is for raising alerts if any concerns arise for care packages, for example missed visits or untoward incidents was established from further demonstration. Actions and interventions by the management team were also clarified in the event of such incidents arising in practice.

The Regulation Officer reviewed the records associated with the induction, training, and development of staff. It was evident that this is aligned with the needs of care receivers and with the categories of care which are supported by the service. The training log was referenced, and it was demonstrated staff are appropriately accredited in line with the Regulated Qualifications Framework (RQF), having achieved level 2 or 3 awards or are enrolled on same.

A review of the monthly quality assurance reports was not undertaken as none had been filed. A discussion about auditable processes which are followed was undertaken to establish what monitoring does take place. It was demonstrated a variety of information that can be accessed and referenced from recording systems in use, however easily referenced reports were not being compiled routinely for the purpose of review and generating actions when indicated. With some exploration of how the new IT software accesses a high quality of "analytics" it was highlighted the quality assurance tools which would be very well integrated in this new system.

At the conclusion of the inspection process, the Regulation Officer provided feedback to the MD and highlighted areas of good practice which had been identified during the inspection. This report sets out the findings of the inspection and records one identified area for improvement with reference to compiling monthly reports in a more accessible format.

## **INSPECTION FINDINGS**

A discussion with the MD and an examination of records relating to the five areas of enquiry for this inspection, provided good evidence that the service is meeting the Standards. It was confirmed, with reference to the provider's conditions of registration, that the service continues to support care receivers appropriately and within these parameters. The Regulation Officer was satisfied that all conditions are currently being met with the exception of an area for improvement that requires a more refined and accessible monthly report to be filed for any reference.

Initial discussions focused on some of the challenges and experiences in supporting care receivers during the restrictions that had arisen from the pandemic. There was good evidence from the Provider's engagement with the Commission over the past year, as to the attention and consideration they have given to ensuring they could adequately sustain care packages during such times. Furthermore, it was established at the outset of the inspection, as to the current situation concerning the registered manager vacancy. The Regulation Officer was assured that the provider was continuing with all reasonable efforts to recruit to this post, but at the time of the inspection, recruitment of staff remained challenging for care services.

Some challenges were also reported for accessing the necessary training modules for the ongoing development of staff. However, the MD was able to demonstrate the attention and investment they had made in accessing and promoting more face-to-face training with a local training provider. It was also evident that the Provider has an experienced and well-established team in place.

## Staff recruitment, training and development

Reference was made to Standard 3 of the Home Care Standards which states:  
“You will be cared for and helped by the right people with the right values, attitudes, understanding and training.”

The current staffing structure in place was clarified. The service had a total of 30 staff, which includes accredited training equivalence to QCF levels 2 or 3 and with contracted hours to allow flexibility for both employer and employee to meet the needs of the service. Staff RQF/NVQ qualifications records were provided and evidenced that the expected skill mix of the care team was in place with level 2 or 3 accreditation with others enrolled on level 2 or 3.

A review of four HR folders established that the expected protocols were in place and followed for safe recruitment, induction, and supervision. It was noted that the necessary checks and enquiries are undertaken prior to any new care worker being deployed to support care receivers. This includes obtaining references and DBS checks. These documents were all found on file, with back-up systems held electronically for reference.

Standard Three states that, ‘*You will be cared for and helped by the right people with the right values, attitudes understanding and training.*’ A variety of training certificates were noted from a review of the HR folders, and demonstrated that this Standard was being met. The MD also highlighted the cautious approach taken to recruitment in that a framework is utilised which aims to ensure that a high calibre of candidates are recruited, through an analysis of all information which is requested i.e. from applications submitted and interview questions and presentation. This is incorporated with reference to an index of information for consideration before employing new staff.

The “new carer induction” plan was provided for review, which sets out a comprehensive approach in supporting and training new employees. Included in the framework are the handbook and code of conduct, employment forms and training requirements including the mandatory topics which will need to be completed in line



with the Standards. Equipment to enable care staff to effectively undertake their roles (including mobile phones and tablets), are provided at induction and all staff are appraised of relevant policy and procedure.

Supervision is provided to all care staff, every three months as a minimum, and this is currently being undertaken by the Acting Manager supported by the Office Manager in the absence of a registered manager. The MD also stated the intention to develop further some senior healthcare assistant positions as part of training and development. It was also highlighted that the training syllabus has been further developed since the last inspection in partnership with a local training provider. This underpins and enhances some of the online training which has been utilised during the past year due to the limitations imposed by the pandemic.

The provider has an emphasis on accessing taught modules by a local training provider which may include modules including dementia care. The provider continues to invest in promoting a good level of learning opportunities for staff, which will ensure that this Standard is consistently met. Furthermore, an initiative to develop some in-house trainers through obtaining relevant qualifications provided further evidence of the attention which is given to this Standard.

The Regulation Officer received confirmation from an independent source of the positive approach which the provider has initiated in accessing some quality training packages for the staff team over the past five months. In their summary, it was highlighted a level of professionalism they had observed in their communication with the Provider. This was also evident in how the provider was reported to be approaching all training needs including requesting bespoke training specific to one care receiver's needs.

A summary of mandatory training packages provided has included a combination of learning, for example First Aid core training for new starters, with updates for existing staff, as well as Safe Handling and updates for Medication Training. These topics have been covered in a classroom setting and with face-to-face interaction with a trainer. In addition, practical (simulated), workshops and workbooks have also been utilised to check learning with the opportunity taken to fully review care workers' learning and competency in such a setting.

Training for practical skills may also be overseen in care receivers' own homes where necessary, and an example was provided for recent training that staff had received from a company. This related to the use of moving and assisting equipment in supporting one care receiver. Other core training including medication management, is provided as part of mandatory training requirements and one care worker confirmed their pending accreditation for this module.

The induction process was discussed, and the framework which new staff are required to follow supported by the management team and colleagues, was provided. One care worker confirmed that their induction was provided as described, and they noted that the shadowing of experienced colleagues was central to their initial work experience, of which they were appreciative. It was also stated that they had found the provider, "incredibly supportive" with assisting them with duty rosters and where challenges had been experienced relating to work/life balance and the pandemic.

One care worker described a positive working environment and of being well supported by the management team. They described the management team as having a respectful approach and style. All care staff who spoke with the Regulation Officer conveyed a good working knowledge of their roles and about the individuals they were supporting in their homes. It was also clearly evident that they received the expected training and development opportunities. The Regulation Officer noted that all their enquiries made with care workers about operational matters and systems of working, were responded to in a confident and professional way.

## Approaches to care and welfare of care receivers

Reference was made to Standard 5 of the Home Care Standards which states: “You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences.”

The MD highlighted some of the new software being utilised for care records and advised that work was underway to transfer all records from the existing system to the new one. This was subsequently confirmed by the MD in email correspondence a week after the inspection visit.

The software system (Birdie), was shown to have a number of helpful components including easier access to all relevant information which a care worker might need to view. The system also enables clear and readily accessible audit by the management team, which can facilitate immediate review to enable helpful action to be taken where this is indicated. Examples of this include notifications of incidents or medication errors. The new system is likely to be of benefit to the service in meeting this Standard. It was highlighted by the MD that the system will generate a very specific audit of specific events such as accidents, incidents, skin integrity, medication, which can be captured separately each month in summary reports.

The above audit tool included in the care plan software will enhance the quality assurance measures that can be applied in practice. For example, when any themes or increase in incidences are highlighted, this can promote any changes to care plans if so indicated. How records are made by the care staff will be generated by the use of IT such as iPads, which the provider has invested in, which incorporate robust systems associated with encryption and data security. In addition, there is a very effective system that will raise alerts in the event of any missed visits. This was also demonstrated during the inspection and was noted to be a robust system.

With reference to how care receivers are involved in care planning processes, it was apparent that they have ready access to sight of care plans from the IT equipment which the care staff have in their possession at point of delivery of care. This was confirmed from discussions with some care receivers and care staff. In addition,

paper copies are made available if preferred. Relatives are actively involved and encouraged to contribute to care planning, with the consent of care receivers. A small sample of care plans were reviewed. The minimum data requirements were discussed with the MD which are due to be reviewed to ensure a consistent approach as the new electronic system is rolled out. It was noted from navigating the new system, as to the helpful format and tools which are available to all staff. This will generate the most informative and easily accessible care records on a daily basis and also prompt the systematic review of care plans when required or as a minimum i.e., monthly or three monthly in line with each care plan.

In the absence of a registered manager, the primary role for review and evaluation is being carried out by the Deputy. It was apparent that there were adequate resources in place to support this. The approach to managing any risk for care receivers from care planning, was highlighted. Specifically, a risk assessment tool (RAG) was utilised which corresponds to the person-centred care methodology adopted by the service. This has been incorporated into resource planning, specifically where potential staffing shortfalls may arise at any time due to higher risks of infection during the pandemic.

One example of good practice was provided which related to a care receiver's care plan and collaboration which had been undertaken with the family to support and maintain the independence of the care receiver, who had memory impairment and resided in their own home. This example highlighted the benefits of utilising a range of IT systems. Consent and approval of all parties, including the care receiver themselves, was sought and obtained in commissioning the care package. The care receiver is able to maintain their independence in the community, with the provision of a home care package to support this.

The contractual obligations and agreements which are made at the commencement of care packages were confirmed. Where difficulties arise, these are discussed with care receivers with a view towards finding a solution. Copies of contract are provided to care receivers and/or their relatives.

Direct feedback from care receivers and/or relatives was found to be mainly positive. The issue of communication was raised by one relative, who believed that this might be more proactive. However, it was acknowledged this had been adversely impacted by both the absence of a registered manager and some staff turnover or changes. Other comments received by Regulation Officer are below:

*“Service seems to be working well”*

*“They are good”*

*“Very good, different times {visits} of day that suits us”*

*“Very nice staff”*

*“All good, they are excellent”*

*“Laura always helpful and very accommodating”*

*“They are quite good actually”*

One care receiver referenced an issue they had recently experienced and reported. This resulted in a prompt and appropriate resolution. All care receivers or relatives were able to confirm their understanding of the process associated with raising concerns with the management team where this is necessary. One relative made an observation that the provider could be more proactive in engaging with them and in sharing information. This feedback was provided to the MD.

The Regulation Officer was able to observe that the software used for duty roster planning (Care Planner), enables care receivers to provide ‘satisfaction markers’ to feedback as to how content they are with the care staff supporting them. This enabled care receivers to state their preferences and to make choices, which could be incorporated into care-planning processes.

## Staff competence relating to categories of care provided

Reference was made to Standard 6 of the Home Care Standards which states:  
“Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs.”

The staff profile was provided for 25 care workers which recorded that six staff possess level 2 RQF/NVQ accreditation which included level 3 medication training in some instances, with a further three staff members having enrolled to obtain level 2 accreditation. Four staff have level 3 accreditation and five are enrolled to gain this accreditation. One member of staff is also identified to enrol on the level 5 course in January 2022.

The MD highlighted the attention which has been given to sourcing a good quality of training from a local provider and also acknowledged the challenges and limited opportunities to access such training during the pandemic. Online forums have therefore been utilised to meet mandatory training, although face-to-face taught training is identified as a priority. In this matter, the provider signalled their intention to continue with their investment in building a strong foundation of training with a local training provider.

The Regulation Officer was advised of the objective of developing the team and of the intention of providing the opportunity to experienced carers to progress in their roles with additional responsibilities being undertaken. Supervision of the care staff is provided by two of the management team in the absence of a registered manager, and it was clarified this is provided at three-month intervals as a minimum.

Any new member of staff receives a comprehensive induction which includes mandatory training topics as set out in the Standard. This was seen from copies of the induction pack which were provided which incorporates the employee handbook and code of conduct, reference to how to use the care planner (phone app) and the tablet (IPad), provision of the rota and the protocols to follow that will include shadow or double up shifts with experienced staff members before any lone working can occur. Policies and procedures document the employee’s responsibilities particularly

in the context of supporting vulnerable care receivers. Specific guidelines are provided to new members of staff concerning uniform, use of Personal Protective Equipment (PPE) and workforce screening requirements to manage risk of infection during the pandemic.

It was also noted that the induction documentation provide advice to new employees in respect of where they should seek additional support when needed. Staff members are advised that, “they have the Management’s support at all times 24/7, they just need to ring the office landline or Manager’s phone. A member of the management’s team will always be available to answer questions and guide them”.

The systems of governance and oversight of the service, which promotes the Standard for competent care and support was well evidenced in the infrastructure and ways of working which were demonstrated and observed in practice. Although there was no registered manager in post at the time of the inspection, it was clearly evidenced as to the active contribution and oversight which the MD provides in ensuring that the staff group are adequately and appropriately trained.

It was clarified with the MD as to the variety of care packages which are currently provided. These include medication management support, some general cleaning duties in support of specific care needs for one care receiver and the provision of support, oversight and monitoring to care receivers living with dementia. Some packages require double up of staff to support specific interventions and if required there may be some delegated tasks undertaken with the support and oversight of other agencies such as Family Nursing and Home Care, for example.

The MD highlighted the attention they are giving to investing in staff development and in promoting the retention of staff. Considerations in these regards includes the promotion of learning opportunities alongside reviewing terms and conditions of employment. The investment in staff in this way is seen as integral to promoting and maintaining a “solid staff team” alongside careful recruitment to ensure that good quality staff are employed.

Deployment of care staff to support care receivers includes the matching of the most appropriate and/or experienced staff to care receivers in accordance with their needs. It was also highlighted in discussion with the MD that where care packages are noted to be difficult to provide due to logistical difficulties, this will be recognised and addressed in a timely manner. One recent example provided good evidence of all due consideration being given to not only the care receiver's needs but also the potential impact on staff welfare. When a care package is considered to no longer be sustainable, there is a review with the care receiver and their family, to consider the most appropriate outcome.

### **Management of services**

Reference was made to Standard 8 of the Home Care Standards which states: "The home care service will be well managed."
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It was confirmed following the inspection visit, that the transfer of care records and data to the new electronic system had been concluded.

In addition, the MD highlighted that there would be dedicated additional resources provided to the team for training in the use of new system. From a demonstration during the inspection it was noted this should provide a very efficient, user friendly and easily accessible means to record the care provided. Care staff who were spoken with, confirmed their understanding and agreed that the new system would represent an improvement. Staff appeared to be fully appraised of the new way of working.

The Regulation Officer was provided with a comprehensive summary of how the new care recording system would generate reports and associated data for analysis. The MD highlighted their intention to customise their monthly report (which was not available during the inspection), moving forward. Nonetheless, the service is long established and already has some good systems of governance in place to ensure that care packages are appropriately coordinated with the necessary resources in place.



The roster system, which is currently available in Care Planner, but which may be integrated to the Birdie system in the near future, was found to be a helpful monitoring tool for the care provided. Incorporated into staff duties were examples of appointments and escorted visits facilitated by the provider which included off-island trips for medical care. These systems of governance and coordinated approaches to the recording of care packages, demonstrated that this Standard was being well met.

The MD has kept the Commission well-informed of this situation in respect of the vacant registered manager post. In addition, prior to the unexpected vacancy of this key position occurring, the MD had provided the Commission with a clear template and plan for further improving the governance and managerial arrangements. While this had not occurred at the time of the inspection as a result of the ongoing vacancy, it was confirmed that the Provider will continue to afford this area due priority in ensuring that this Standard can continue to be met.

Despite the lack of a registered manager, there was no evidence throughout the inspection of any lack of managerial oversight. It was evident that a hard-working and diligent management team was in place. However, it was also to be recognised that the interim measures will require some staff to act up to senior roles and that this will require ongoing support and monitoring by the MD.

### **The service will be reviewed regularly**

Reference was made to Standard 9 of the Home Care Standards which states: “The care service will be checked and reviewed regularly to sort out any issues and make things better for you and others.”
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Although the newly installed software (fully installed within one week of the inspection visit to the office), will be able to generate multiple micro reports of different themes i.e., accidents or incidents, there was an absence of monthly quality reports. This was an area for improvement noted in the last report and while this was addressed at that time, this has declined since. The reasons for this included that the pre-existing electronic system was inefficient in generating the information

required for such reports. The system has now been replaced and therefore it is anticipated that the provision of such reports will resume.

It is a requirement that the Provider ensures that monthly reports are provided consistently, that these are easy to understand and are accessible.

## IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>To be completed by:</b> 1 months from the date of inspection (17 December 2021).</p>	<p>The quality of services provided should be kept under regular review. The provider has a responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.</p>
	<p>Response by registered provider:</p> <p>I confirm we are now fully operational on our new system, Birdie, and there is no longer any reliance on the old platform.</p> <p>Since implementing our new software we have been running weekly analytical reports to identify any teething issues with the software setup, this has supported user training whilst optimising delivery of care – these reports will be continue to be used as part of our regular internal review. We have also started using a digital survey tool, which will be used throughout 2022 helping us obtain regular feedback from all stakeholders. These reports will form part of our monthly management reporting.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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